



South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223
Post Office Box 100105
Columbia, South Carolina 29202-3105

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

TERMINATION OF APPOINTMENT OF SURETY BONDSMAN

NAME OF INSURANCE COMPANY _____

INSURER MAILING ADDRESS _____

THE ABOVE-NAME SURETY INSURER HEREBY TERMINATES ITS APPOINTMENT OF THE FOLLOWING
INDIVIDUAL AS A SURETY BONDSMAN IN THE STATE OF SOUTH CAROLINA

AGENT'S NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____

THE REASON(S) FOR TERMINATION IS AS FOLLOWS (GIVE SPECIFIC DETAILS)

THE AFORESAID SURETY INSURER FURTHER CERTIFIES THAT IT HAS GIVEN/ MAILED (**CIRCLE ONE**)
NOTICE OF SUCH TERMINATION TO THE SURETY BONDSMAN AT HIS ADDRESS SHOWN
HEREINABOVE, AND HAS ALSO GIVEN / MAILED (**CIRCLE ONE**) NOTICE OF SUCH WHERE THE
INSURER HAS BEEN OBLIGATED ON BAIL BONDS THROUGH THE SURETY BONDSMAN WITHIN THE
PAST THREE (3) YEARS (LIST COUNTIES)

SIGNED _____

TYPE NAME: _____

TITLE: _____

SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC FOR _____

MY COMMISSION EXPIRES: _____